

BEST AVAILABLE COPY

103/14
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)SERIAL NO. 091647695
APPLICANT(S)

FILING DATE

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		X			
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TOTAL IND.	2		5			
TOTAL DEP.	44		23			
TOTAL CLAIMS	76		23			